Philips Medical Systems

FIELD CHANGE ORDER — Service

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OPTIMUS RAD/RF

APPLIES TO:

All OPTIMUS RAD/RF with Rotor Control HS
9890 000 0221X 4512 104 7140X
4512 104 3379X

TITLE:

Einschaltstrombegrenzung ROCO

LIST OF PAGES & DRAWINGS:

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ANR 99.0

CONTENTS:

1x power on current limitation kit 4512 104 91281

INTRODUCTION:

Symptom : Ausfälle der ROCO Einheiten
Cause : .....
Remedy : Einbau der Einschaltstrombegrenzung

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Vorbereitungen:

OPTIMUS RAD
Vor der Änderung ist die Anlage durch Auslösen des EN-F1
spannungsfrei zu schalten und auf Spannungsfreiheit zu prüfen.

OPTIMUS RF
Vor den Serviceaktivitäten ist die Anlage spannungsfrei zu schalten.
Das Auslösen des EN-F1 reicht in diesem Fall nicht aus.

Kurzbeschreibung:

Ziel dieser FCO ist es den Einschaltstrom zu begrenzen und dadurch das Anlaufgerät vor einer Zerstörung zu schützen.

MANPOWER / TIME TO COMPLETE:

1Stunde 1 Techniker

TOOLS & TEST EQUIPMENT:

Standard Werkzeugsatz

MODIFICATION KIT / PARTS REQUIRED:

Für alle o.a. Generatoren kann das folgende Kit bestellt werden:

1x power-on current limitation 4512 104 91281

Note
The modification kit will be available Free Of Charge till the end of December 2000 at the spare part centre in Hamburg.

DOCUMENTATION:

Bitte die FCO und das Manual im OPTIMUS Ordner Kapitel 8 abheften.

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FCO ACTION NOTIFICATION REPORT
For local SSD use only; do not return to PMG.

TITLE : ***Einschaltstrombegrenzung ROCO***	
CLASSIFICATION : ***Action for Performance***	FCO REF. NO.: ***00 135 010***
APPLIES TO : All OPTIMUS RAD/RF with Rotor Control HS 9890 000 0221X 4512 104 7140X 4512 104 3379X	

HOSPITAL / ADDRESS :	
LOCATION / FW SITE NO.:	SALES ORDER NO. / OA NO.:

PRODUCT NUMBER : | | | | | | | | | | | | |

UNIT SERIAL NUMBER : | |

ACTION ON THIS UNIT WAS: (select one) JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ (DATE) | |

☐ Completed by the factory prior to delivery.

☐ Not completed as this unit is not affected per instruction because: (state reason)

_____

☐ Not completed because customer has unit in storage.
Required parts & instructions received by the customer.

CUSTOMER ACKNOWLEDGEMENT (Required for **MANDATORY ACTIONS** only).

The **REASON and PURPOSE** of this modification have been explained to me.

_____ CUSTOMER NAME (PLEASE PRINT) _____ TITLE

_____ CUSTOMER SIGNATURE _____ DATE

BRANCH
REGION /
DEALER : _____ SERVICE UNIT /
SERVICE AREA NO.: _____

_____ SIGNATURE CUSTOMER SUPPORT ENGINEER _____ DATE

_____ SIGNATURE CUSTOMER SUPPORT MANAGER

MAIL TO : SSD Customer Support Manager

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